

Monona County

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Community Health Needs Assessment Snapshot

Promote Healthy Behaviors

Problems/Needs:

Mortality:

- Major Cardiovascular Disease: 511.8 RATE – RANK 01 of 22 counties with populations < 10,000 (04 of 99 counties) as compared to Adair County: 429.9 RATE - RANK 8 of the 22 counties (09 of 99 counties).
- All Cancer Mortality: 313.3 RATE or 163 –RANK 01 of 22 counties with populations < 10,000 (01 of 99 counties) as compared to Adair County: 301.3 RATE or 118 –RANK 09 of 22 counties with populations < 10,000 (15 of 99 counties)
- Lung Cancer: 94.8 RATE or 45-RANK 01 of 22 counties with populations < 10,000 (01 of 99 counties) as compared to Adair County: 89.4 RATE or 35 –RANK 04 of 22 counties with populations < 10,000 (07 of 99 counties)
- Chronic Obstructive Pulmonary Disease 111.6 RATE or 53- RANK 02 of 22 counties with populations < 10,000 (01 of 99 counties) as compared to Adair County: 51.1 RATE – RANK 19 of 22 (73 of 99 counties) Alzheimer Mortality 71.6 RATE or 34 – RANK 03 of 22 as compared to Adair County 21.8 or 5 –RANK 20 of 22 as compared to Adair County 21 of 22. Monona has very high rates of those 65 and older, so it can be concluded that mortality in all the above areas would be a priority and each either ranked 01, 02, or 03 out of 22 counties with populations < 10,000.
- Priority: Live Births/ Low Birth Weight < 2500 grams
- Out of Wedlock births for 2009 –is 22 (27%) or 268.3 rate. (Adair) is 24 (315.8 rate). • Live births / Mother under age 20 for 2009 - is 41 (50%), (Adair) is 23 (30%). • Live Births/ Low Birth weight <2500 grams for 2009 - 11 (13.4%) or 134.1 rate. Source Summary of Selected Vital Events by County, 2009, Table 5.
- Priority: Youth Substance Abuse Youth Access to Substances Limited Iowa Youth Survey / Monona. Question: How difficult do you think it would be for a kid your age to get each of the following: cigarettes, alcoholic beverages, marijuana; methamphetamines; amphetamines other than methamphetamines, any other illegal drugs? Unfavorable responses for 6th - 25%; 8th - 57%; 11th grade - 86%. Source: 2008 Iowa Youth Survey Questions: G1; G2; G3; G4; G5; G6.
Past 30 days tobacco use / Monona 6th (7%), 8th (8%), and 11th graders (31%) Source 2008 Iowa Youth Survey Question: B16; B28; B29; B38; "No Current (past 30 days) Tobacco Use / Monona County Results.
• Past 30 days alcohol use / Monona 6th (11%), 8th (33%), and 11th graders (47%). Source 2008 Iowa Youth Survey Question: B31; B32; B33; B34; B35; B36; B39; B40; "No Current (past 30 days) Alcohol Use / Monona County Results.
• Past 30 days illegal Drug use / Monona 6th (4%), 8th (13%) and 11th grader (11%). Source 2008 Iowa Youth Survey Question: B31; B32; B33; B34; B35; B36; B39; B40; "No Current (past 30 days) illegal Drug Use / Monona County Results.

- Past 30 days, driving and drinking any amount of alcohol or drug use / Monona. Monona County 11th graders response is 14% (Any use on one or more days in the past 30 days). Source 2008 Iowa Youth Survey Question: B27.

Any youth substance abuse is too much. In the IYB survey, 6th, 8th, and 11th graders were surveyed. By the time a teen gets to the 11th grade, illegal drug and alcohol, tobacco use, and driving under the influence increases sharply and carried on into adulthood.

- Health Behavior: 27% Adult Obesity in Monona as compared to (Adair) 28%
- Death / Major Cardiovascular Diseases 2009
- Death / Major Cardiovascular Diseases 2009
- Priority: Lack of Dental Care (School Age Dental Care)

As an Iowa code mandate for those students entering kindergarten and the 9th grade and transfer students were 256 screened in 2009-10 year.

- 115 (45%) had valid IDPH certificates
- 16% had other screening documentation
- 99 (39%) had no dental screening at all. Source: I-Smile 09/10 Report for Monona County.

We have only looked at the 2 mandated ages, kindergarten and 9th grade enrollment. From the data for the first full year since the law went into effect we could surmise that a general lack of dental care and dental insurance is a long standing issue in Monona County.

Prevent Injuries

Problems/Needs:

- Priority Child Abuse, Confirmed: 2009- 48 cases; 2008 - 54 cases. Source: Prevent Child Abuse in Iowa, <http://www.pcaiowa.org>; Iowa Department of Public Health. Many of the health and social indicators contribute to child abuse and domestic violence: poverty, substance abuse, gambling abuse, lack of transportation, single parent families, lack of utilization of parenting resources and educational programs, etc. Any number of abuse cases is too many.

Protect Against Environmental Hazards

Problems/Needs:

- Priority: Childhood Lead Poisoning
 - Only 56.6 % of the eligible children born in 2001 were tested and only 70% of the eligible children born in 2002 were tested in Monona.
 - Elevated Levels of Blood Lead; Children Born in 2001-2002 (tested before age 6 years) was 139 and 15.1 % (\geq to 10 ug/dL) had a high test level. Adair's rate was 105 and 5.7% Source: Elevated Levels of Blood Lead: Children born in 2001-2002 for Counties with average population of $< 10,000$; Bureau of Lead Poisoning Prevention (IDPH), The 2009 Iowa Health Fact Book.
 - Monona ranks 12 of these 22 counties. Adair ranked 15 of 22 Counties with average populations of $< 10,000$. The Iowa law states that all kids entering kindergarten before age 6 must have at least 1 screening done. Although Monona increased the numbers screened to meet this, we fall down between age 2 and 5. Screenings are done at the county immunization clinic and it is difficult to get the kids back after their first 3 primary vaccine series are finished by age 2. WIC also is doing lead screening at their certification days using a calibrated machine. WIC may take up to 3 months to get the results out and are poor at responding to high levels.

Prevent Epidemics and the Spread of Disease

Problems/Needs:

None identified

Prepare for, Respond to, and Recover from Public Health Emergencies

Problems/Needs:

None identified

Strengthen the Public Health Infrastructure

Problems/Needs:

- Priority: Development of a Child Abuse Council set up as a non-profit entity to bring funds into Monona for child abuse services and enhanced services / Locally Identified. Monona County is 1 of 3 counties that do not have a Child Abuse Council. For the last 2-3 years, 3 attempts have been made to approach community members regarding the establishment of a child abuse council in Monona in order to expand services which are now provided out of Woodbury County. Monona has no outreach office and domestic violence and child abuse are substantial enough to give this another look. Attorneys have spoken out in public that they are at a loss as to where to refer families that need services. They are unaware of what services are out there and how to access them locally. The Prevent Child Abuse Iowa initiative, linked with the Iowa Early Childhood Education Program would like all counties represented in child abuse planning and programming development.

Priority: Coordinated Organizational Strategic Planning / Locally Identified

- Coordinated efforts are difficult in Monona County. A few persons are the diehards that are willing to assist with community projects. Some volunteers are working on several projects or on several boards at one time. The goal would be to bring community members together to:

- a) Increase the interest in a board based community group including health care, business, education, housing, emergency preparedness, and government toward Monona County Community planning.
- b) Community members will participate through sharing of elements of their organizational strategic plan and contribute to the local health data needed.
- c) A system of sharing regarding available grant funding streams will be developed
- d) A community directory of programs and public assistance programming will be made available to the public online.

Rationale: The community group dwindled to 3 agencies in addition to public health: 1) Substance Abuse, 2) Burgess Health Center, 3) Iowa Extension/Monona, and 4) Public Health

Community Health Improvement Plan

Goal	Strategies	Who is responsible?	When? (Timeline)
Identified Problem: Coordinated Organizational Strategic Planning	1. Identify community partners to be included. And educate them on the importance of representation from health, business, education, and government.	June DeLashmutt	7/1/2011
By 03.31.2012 complete a plan of enhancing services through sharing of county organization's strategic plans and access to local data.	2. Develop strategic planning survey matrix to be sent out in the fall of 2011	June DeLashmutt	10/31/2011
	3. Develop information and process to make it available it partners by 12/ 31/2011.	June DeLashmutt	12/31/2011
	4. Identify resources needed for the process by 12/31/2011.	June DeLashmutt	12/31/2011
	5. Develop process for updating information by 12/31/2011.	June DeLashmutt	12/31/2011
	6. Develop process for sharing funding resources by 03/31/2012	June DeLashmutt	3/31/2012
	7. Develop data plan to identify underserved populations in the county.	June DeLashmutt	06/31/2012